



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E401819**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>15-00464</b>
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK	
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TRIBAL RESERVATION	
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DATE OF COLLISION	<b>02</b>	<b>18</b>	<b>2015</b>	TIME (2400)	<b>1448</b>	COUNTY #	<b>31</b>	MILES	<b>N</b>	<b>E</b>	IN	<input checked="" type="checkbox"/>	CITY #	<b>0664</b>
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>			
<b>113TH AVENUE NE</b>			BLOCK NO.	<input checked="" type="checkbox"/>	<b>3200</b>
			MILE POST		

DISTANCE	<b>75</b>	<b>00</b>	MILES	<input type="checkbox"/>	<b>N</b>	<input type="checkbox"/>	<b>E</b>	<input type="checkbox"/>	<b>S</b>	<input checked="" type="checkbox"/>	<b>W</b>	OF (REFERENCE OR CROSS STREET)	<b>33RD PLACE NE</b>
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PHONE	<b>D: 5419156994</b>
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LAST NAME	<b>RHODES</b>	FIRST NAME	<b>DAKOTA</b>	MIDDLE INITIAL	<b>K</b>
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STREET NEW ADDRESS	<b>8541 10TH STREET SE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>98258</b>
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>RHODEDK032B5</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B.	<b>01</b>	<b>25</b>	<b>1997</b>
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES	
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LICENSE PLATE #	<b>ANZ0623</b>	STATE	<b>WA</b>	VIN#	<b>1GNDT13W1Y2137602</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>1999</b>	MAKE	<b>CHEV</b>	MODEL	<b>BLAZER</b>	STYLE	<b>SW</b>	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	<b>ALLSTATE INS CO 976 644 396</b>
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	<b>D: 4257508495</b>
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LAST NAME	<b>UBERT</b>	FIRST NAME	<b>LEO</b>	MIDDLE INITIAL	<b>B</b>
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STREET NEW ADDRESS	<b>6817 58TH DRIVE NE</b>
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CITY	<b>MARYSVILLE</b>	ST	<b>WA</b>	ZIP	<b>98270</b>
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>UBERTLB532QQ</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B.	<b>11</b>	<b>18</b>	<b>1947</b>
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES	
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LICENSE PLATE #	<b>AAX2245</b>	STATE	<b>WA</b>	VIN#	<b>2A4RR5D15AR329162</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>2010</b>	MAKE	<b>CHRY</b>	MODEL	<b>TOWN</b>	STYLE	<b>SV</b>	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	<b>OWNED BY DRIVER</b>
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	<b>ALLSTATE INS CO 976 100 766</b>
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	<b>D. CARTER</b>	BADGE OR ID #	<b>121</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E401819**

CASE # **15-00464**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>UBERT CAROL J</b>																
ADDRESS & PHONE #		<b>6817 58TH DRIVE NE MARYSVILLE WA 98270 4257508495</b>																
SEX		<b>F</b>		D.O.B. MMDDYYYY		<b>11</b>		-		<b>18</b>		-		<b>1947</b>				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>UBERT HAILEY J</b>																
ADDRESS & PHONE #		<b>3611 114TH COURT NE LAKE STEVENS WA 98258 4257607037</b>																
SEX		<b>F</b>		D.O.B. MMDDYYYY		<b>03</b>		-		<b>21</b>		-		<b>2012</b>				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>8</b>	AIRBAG	<b>2</b>	RESTR.	<b>5</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Traffic unit #1 was stopped and legally standing outside the roadway edge (shoulder - over the fog line) within the 3200 block 113th Avenue NE. Traffic unit #1 began moving southbound on 113th Avenue and merging into the southbound traffic lane. Traffic unit #1 failed to yield to traffic and collided with traffic unit #2, which was attempting to pull to the roadway edge (shoulder - over the fog line) of 113th Avenue NE. The collision caused minor damage to both vehicles.

-Occupants of both vehicles stated they were uninjured and properly seat belted at the time of collision.

-Occupants stated they had notified their respective insurance companies of the collision prior to my arrival.

-Juvenile female was later discovered as being inside TU2 at the time of collision and properly seatbelted with a child safety seat.

-Minor damage to both vehicles (LF TU1 and RM TU2).

-Photographs taken of both vehicles and later attached to this report.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**D. CARTER**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**02-18-15 04:26 PM**

DATED

PLACE SIGNED

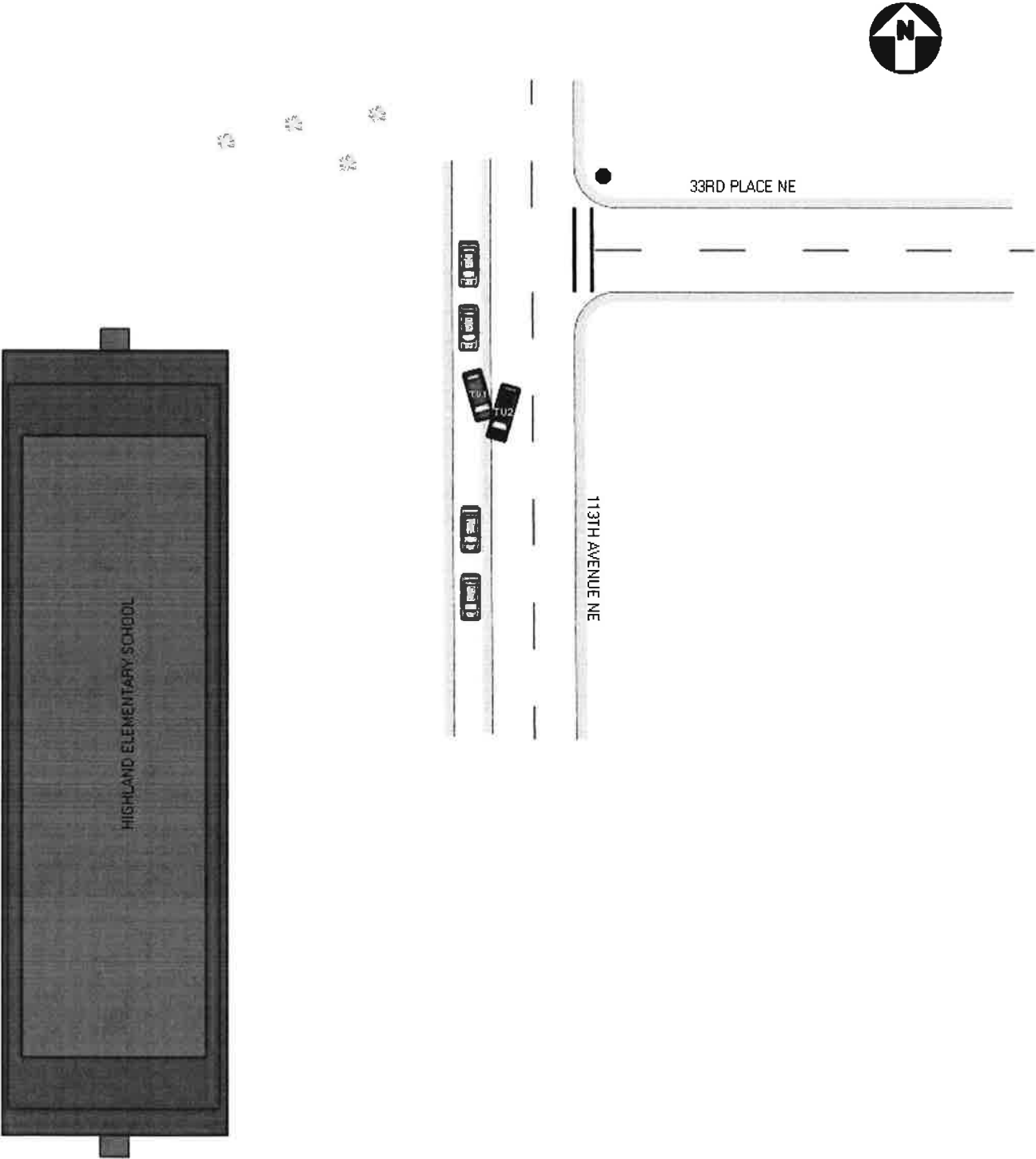
APPROVED BY

**ROBERT MINER 095**

DATE

**2/19/2015 3:30:32 AM**

BADGE OR ID #	<b>121</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:49 PM</b>	TIME POLICE ARRIVED	<b>2:51 PM</b>
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LSPD  
ORIGINAL





ORIGINAL

SPD

